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FRANKLIN COUNTY
BOARD OF ELECTIONS

30-A
R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | |
|---|-------------------------------------|---|--------------------------|------------------------------|--------------------------|---|--------------------------|-----------------------------|-------------|
| Full Name of Committee Harmon for Columbus City Council | | | | | | Registration Number, if PAC | | | |
| Full Name of Candidate Phillip L. Harmon | | | | | | | | | |
| Street Address 5312 Longrifle Rd. | | | | | | Office Sought City Council | | District Columbus | |
| City Westerville | | | | | | State O H | | Zip Code 43081 | |
| Type of Report (place X to the left of report type) | <input checked="" type="checkbox"/> | Pre-Primary | <input type="checkbox"/> | Post-Primary | <input type="checkbox"/> | Pre-General | <input type="checkbox"/> | Post-General | Annual Year |
| | <input type="checkbox"/> | July | <input type="checkbox"/> | August | <input type="checkbox"/> | September | <input type="checkbox"/> | Termination | Semiannual |
| | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Monthly | <input type="checkbox"/> | Termination | |
| Amended Report? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Report Electronically filed? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date of Election | |
| | | | | | | M 0 5 | | D 0 3 | |
| | | | | | | | | Y 0 5 | |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| | |
|--|-------------|
| 1. Amount brought forward from last report | \$ 5,647.11 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 190.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ 0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 5,837.11 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 2,030.00 |
| 6. Balance on hand (line 4 minus line 5) | \$ 3,807.11 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ 0.00 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ 0.00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ 0.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ 0.00 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ 0.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ 0.00 |
| 13. For Electronic Filing Entities only | \$ |
| Sum of lines 2, 7 and amount of any new loans received this period | |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Phillip L. Harmon, Dep. Treas.

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature Phillip L. Harmon

April 28, 2005

Date

Contribution
pages 1

Expenditure
pages 1

Other
pages 0

Total
pages 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|--|------------|--------------|--|--------------|----------|-----------------------------|----------|
| Name of Committee in Full Harmon for Columbus City Council | | | | | | | |
| Full Name of Contributor Gary Nolan | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| | | | Cleveland Bar Owners Representative | | | Cash | |
| City | State | Zip Code | M | D | Y | Amount | |
| Cleveland | O H | | 0 | 4 | 2 | 3 | 0 |
| | | | 5 | 20.00 | | | |
| Full Name of Contributor William Delaney | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 309 W. Alexis Rd. | | | Bar Owner - Delaney's Lounge | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Toledo | O H | 42612 | 0 | 4 | 2 | 8 | 0 |
| | | | 5 | 50.00 | | | |
| Full Name of Contributor Charles Schindler | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 6649 N. High Street, #101 | | | Dentist - Self | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Worthington | O H | 43081 | 0 | 4 | 2 | 8 | 0 |
| | | | 5 | 50.00 | | | |
| Full Name of Contributor Robert D. Zasloff | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 117 W. Brighton St. | | | Safelite | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Columbus | O H | 43202 | 0 | 4 | 2 | 8 | 0 |
| | | | 5 | 50.00 | | | |
| Full Name of Contributor Donald & Jennifer Long | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| 8071 Olentangy River Rd. | | | Bar Owner - DeMarco's | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Delaware | O H | 43015 | 0 | 4 | 2 | 8 | 0 |
| | | | 5 | 20.00 | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| | | | | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| | | | | | | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 190.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|--|--|--|--|--|---------------|--------------------------|-----------------------------|
| Name of Committee in Full Harmon for Columbus City Council | | | | | | | | | |
| To Whom Paid Columbus Fire Department | | | | | | M 0 | D 4 | Y 1 | Amount 30.00 |
| Address 260 N. Fourth Street | | | | | | Purpose Contribution - Fire Museum | | | |
| City Columbus | | | | | | State O H | | Zip Code 43215 | Check Number 2003 |
| To Whom Paid U.S. Postmaster | | | | | | M 0 | D 3 | Y 1 | Amount 2,000.00 |
| Address 850 Twin Rivers Dr. | | | | | | Purpose Postage | | | |
| City Columbus | | | | | | State O H | | Zip Code 43215 | Check Number 2009 |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State | | Zip Code | Check Number |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State | | Zip Code | Check Number |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State | | Zip Code | Check Number |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State | | Zip Code | Check Number |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State | | Zip Code | Check Number |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | Purpose | | | |
| City | | | | | | State | | Zip Code | Check Number |